

CMS INTERN TRAVEL REQUEST FORM

CMS FAX ADDRESS

ATTN:

FAX # (717) 605-1980

PHONE (717) 605-

INTERN NAME:

COMMAND/CURRENT DUTY STATION:

PHONE:

FAX:

TO OBTAIN AUTHORIZATION: OBTAIN APPROVAL SIGNATURE AND FAX TO CMS AT LEAST 10 DAYS PRIOR TO TRAVEL. ALLOW 3 DAYS RESPONSE TIME. UPON RECEIPT OF AUTHORIZATION, CUT TRAVEL ORDERS AND OBTAIN ADVANCE IAW LOCAL PROCEDURES. FAX COPY OF DD1610 TO CMS.

TO AMEND PREVIOUS AUTHORIZATION: ENTER 15-DIGIT TRAVEL ORDER NUMBER IN REMARKS AND STATE WHAT NEEDS TO BE REVISED. CHECK BLOCK #1 (AMEND) AND ENTER ONLY THOSE BLOCKS OF INFORMATION THAT WILL BE CHANGED. FAX TO CMS.

TO CANCEL AUTHORIZATION: ENTER 15-DIGIT TRAVEL ORDER NUMBER IN REMARKS AND STATE REASON FOR CANCELLATION. COMPLETE BLOCK #8; ATTACH REQUIRED DOCUMENTS. FAX TO CMS.

DATE:

ARE YOU CURRENTLY ON A ROTATIONAL ASSIGNMENT? ____ YES ____ NO

1. ____ ORIGINAL ____ AMENDMENT
____ CANCEL

2. PURPOSE OF TRAVEL:

3. ITINERARY CITY/STATE
DEPART FROM:

DESTINATION:

AND RETURN.

4. TRAVEL PLAN

DATE OF DEPARTURE

DATES OF BUSINESS

TO

DATE OF RETURN

5. LODGING (BOQ/CONTRACT LODGING REQUIRED IF AVAILABLE. NO LODGING REIMBURSEMENT W/O NON-AVAILABILITY # ON DD1610).

BOQ

BOQ AVAILABLE YES OR NO, IF NO,

PROVIDE NON-AVAILABILITY #

BOQ RESERVED; RATE PER DAY \$

NO BOQ W/IN 25 MINUTE RADIUS

COMMERCIAL LODGING

HOTEL RATE PER DAY

\$

OTHER

STAYING W/FRIENDS/RELATIVES

6. TRANSPORTATION

AUTOMOBILE (POV OR RENTAL)

#MILES TO/FROM RESIDENCE TO DESTINATION

TOLLS TO/FROM RESIDENCE TO DESTINATION \$

RENTAL CAR (ECONOMY SIZE)

\$

GAS FOR RENTAL CAR (ONLY)

\$

PARKING AT DESTINATION (PER DAY)

\$

LIST PASSENGERS IN RENTAL CAR

7. GOVERNMENT VISA CARDHOLDER YES ____ NO ____
OBTAIN ADVANCE VIA ATM YES ____ NO ____

COMMERCIAL ROUND TRIP COST \$

AIR ____ TRAIN ____ BUS ____

TO/FROM RESIDENCE TO TERMINAL \$

SHUTTLE ____ TAXI ____ POV MILES ____ PARKING ____

TO/FROM TERMINAL TO LODGING \$

SHUTTLE ____ TAXI ____

OTHER:

8. CANCELLATION

ORDERS ISSUED? YES ____ NO ____

ADVANCE OBTAINED? YES ____ NO ____

ATM WITHDRAWAL? YES ____ NO ____

FAX COPY OF CANCELLED ORDERS & VOUCHER FOR RETURN OF SETTLED ADVANCE. FOR AMEX AND/OR BANK FEES RELATED TO ATM WITHDRAWAL ON CANCELLED ORDERS, SUBMIT INTERN REQUEST TO OBTAIN REIMBURSEMENT FORM.

10. TOTALS:

PER DIEM:

POV MILEAGE:

AIRFARE:

RENTAL CAR:

OTHER COSTS:

9. LOCAL APPROVAL: _____

FUNCTIONAL MGR APPROVAL: _____

DATE FAXED TO CMS: _____

DATE

DATE

NOTICE: FAILURE TO PROVIDE PROOF OF TRAVEL OR TUITION SETTLEMENT WILL PREVENT FURTHER CMS FUNDING.